

Health Care Survey of DoD Beneficiaries



January 2002

SURVEY INSTRUCTIONS

Answer all the questions by checking the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)
c/o Survey Processing Center
PO Box 82660
Lincoln, NE 68501-9462

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

—————**SURVEY STARTS HERE**—————

This survey is about the health care of the person addressed in the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to the person named in the cover letter.

1. Are you the person whose name appears on the mailing label of this envelope?

- ☐ Yes **Go to Question 2**
☐ No **Please give this questionnaire to the person addressed on the envelope.**



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2. Which of the following health plans are you currently covered by? MARK ALL THAT APPLY.

a. Military Health Plans

- ☐ TRICARE Prime
- ☐ TRICARE Extra or Standard (CHAMPUS)
- ☐ TRICARE Plus
- ☐ TRICARE for Life

b. Other Health Plans

- ☐ Medicare
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian health insurance (such as Blue Cross)
- ☐ Uniformed Services Family Health Plan (USFHP)
- ☐ The Veterans Administration (VA)
- ☐ Not Sure

3. Currently, are you covered by Medicare Part A? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part A helps pay for inpatient hospital care.

- ☐ Yes, I am now covered by Medicare Part A
- ☐ No, I am not covered by Medicare Part A

4. Currently, are you covered by Medicare Part B? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.

- ☐ Yes, I am now covered by Medicare Part B
- ☐ No, I am not covered by Medicare Part B

5. Currently, are you covered by Medicare supplemental insurance? Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.

- ☐ Yes, I am now covered by Medicare supplemental insurance
- ☐ No, I am not covered by Medicare supplemental insurance

6. Which health plan did you use for all or most of your healthcare in the last 12 months? MARK ONLY ONE.

a. Military Health Plan

- ☐ TRICARE Prime
- ☐ TRICARE Extra or Standard (CHAMPUS)
- ☐ TRICARE Plus and Medicare
- ☐ TRICARE for Life and Medicare

b. Other Health Plan

- ☐ Medicare
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian health insurance (such as Blue Cross)
- ☐ Uniformed Services Family Health Plan (USFHP)
- ☐ The Veterans Administration (VA)
- ☐ Not Sure
- ☐ Did not use any health plan in the last 12 months **Go to Question 8**

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 6.

7. How many months or years in a row have you been in this health plan?

- ☐ Less than 6 months ☐ 12 up to 24 months ☐ 5 up to 10 years
☐ 6 up to 12 months ☐ 2 up to 5 years ☐ 10 or more years

_____**YOUR PERSONAL DOCTOR, OR NURSE**_____

The next questions ask you about your own healthcare. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

8. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 10

9. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I didn't get a new personal doctor or nurse.

10. Do you have one person you think of as your personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 12

11. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
☐ I don't have a personal doctor or nurse.

12. Are you currently enrolled in TRICARE Prime?

- ☐ Yes ☐ No Go to Question 15



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13. As a member of TRICARE Prime, do you have a Primary Care Manager (PCM) based in a military or civilian facility?

(In TRICARE Prime, a PCM is a healthcare provider who is your primary point of contact with the health system. He or she provides routine care, coordinates your total healthcare, arranges for hospital admissions, makes referrals to specialists, maintains health records, and recommends preventive and wellness services.)

- ☐ A primary care manager based at a military facility ☐ Not sure
☐ A primary care manager based at a civilian facility ☐ Not a member of TRICARE Prime

14. Do you know your PCM's name?

- ☐ Yes ☐ No

—————GETTING HEALTHCARE FROM A SPECIALIST—————

When you answer the next questions, do not include dental visits.

15. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the last 12 months, did you or a doctor or nurse think you needed to see a specialist?

- ☐ Yes ☐ No Go to Question 17

16. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need to see a specialist in the last 12 months.

17. In the last 12 months, did you see a specialist?

- ☐ Yes ☐ No Go to Question 20

18. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
☐ I didn't see a specialist in the last 12 months.

19. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- ☐ Yes ☐ No ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

—————CALLING DOCTORS' OFFICES—————

20. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes ☐ No Go to Question 22

21. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed ?

- ☐ Never ☐ Usually ☐ I didn't call for help or advice during regular office hours in the last 12 months.
☐ Sometimes ☐ Always

—————YOUR HEALTHCARE IN THE LAST 12 MONTHS—————

22. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for healthcare.

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine healthcare?

- ☐ Yes ☐ No Go to Question 25

23. In the last 12 months, how often did you get an appointment for regular or routine healthcare as soon as you wanted?

- ☐ Never ☐ Usually ☐ I didn't need an appointment for regular or routine care in the last 12 months.
☐ Sometimes ☐ Always

24. In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day ☐ 4-7 days ☐ 31 days or longer
☐ 1 day ☐ 8-14 days ☐ I tried but could not get an appointment.
☐ 2-3 days ☐ 15-30 days ☐ I didn't need an appointment for regular or routine care in the last 12 months.

25. In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes ☐ No Go to Question 28

26. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- ☐ Never ☐ Usually ☐ I didn't need care right away for an illness or injury in last 12 months.
☐ Sometimes ☐ Always



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27. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ☐ Same day ☐ 3 days ☐ 15 days or longer
☐ 1 day ☐ 4-7 days ☐ I didn't need care right away for an illness or injury in the last 12 months.
☐ 2 days ☐ 8-14 days

28. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None ☐ 1 ☐ 2-3 ☐ 4-6 ☐ More than 6

29. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ☐ None **Go to Question 40** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more

30. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.

31. In the last 12 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your health plan?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.

32. In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

33. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

34. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

35. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

36. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

37. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

38. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

39. We want to know your rating of all your healthcare in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst healthcare possible, and 10 is the best healthcare possible. How would you rate all your healthcare?

- ☐ 0 Worst healthcare possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best healthcare possible
☐ I had no visits in the last 12 months.

40. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled at a military pharmacy? **INCLUDE REFILLS.**

- ☐ None ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ More than 15

41. In the last 12 months, where did you go most often for your healthcare? **MARK ONLY ONE ANSWER.**

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
☐ A civilian facility - This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
☐ Uniformed Services Family Health Plan facility (USFHP)
☐ Veterans Affairs (VA) clinic or hospital
☐ I went to none of the listed types of facilities in the last 12 months.

42. What is the single most important reason to you in your decision to use a military treatment facility (MTF) for your healthcare? **MARK ONLY ONE**

- | | |
|---|---|
| <input type="radio"/> Cost to you | <input type="radio"/> Military courtesy |
| <input type="radio"/> Convenience of location | <input type="radio"/> Relationship with a personal physician |
| <input type="radio"/> Quality of healthcare | <input type="radio"/> Co-location of services in a MTF |
| <input type="radio"/> Convenience of telephone access | <input type="radio"/> Lack of paperwork/claims |
| <input type="radio"/> Timeliness of appointments | <input type="radio"/> I am active duty and entitled to MTF care |

—————YOUR HEALTH PLAN—————

The next questions ask about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 6.



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43. **Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.**
- In the last 12 months, did you or anyone else send in any claims to your health plan?**
- ☐ Yes ☐ No **Go to Question 47** ☐ Don't know **Go to Question 47**
44. **In the last 12 months, how often did your health plan handle your claims in a reasonable time?**
- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.
45. **In the last 12 months, how often did your health plan handle your claims correctly?**
- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.
46. **In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?**
- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.
47. **In the last 12 months, did you look for any information in written materials from your health plan?**
- ☐ Yes ☐ No **Go to Question 49**
48. **In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?**
- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't look for information from my health plan in the last 12 months.
49. **In the last 12 months, did you call your health plan's customer service to get information or help?**
- ☐ Yes ☐ No **Go to Question 51**
50. **In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?**
- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't call my health plan's customer service in the last 12 months.
51. **In the last 12 months, have you called or written your health plan with a complaint or problem?**
- ☐ Yes ☐ No **Go to Question 54**
52. **How long did it take for the health plan to resolve your complaint?**
- ☐ Same day ☐ 4 or more weeks
☐ 1 week ☐ I am still waiting for it to be settled.
☐ 2 weeks ☐ I haven't called or written with a complaint or problem in the last 12 months.
☐ 3 weeks

53. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ I am still waiting for it to be settled.
- ☐ No
- ☐ I haven't called or written with a complaint or problem in the last 12 months.

54. Paperwork means things like having your records changed, processing forms, or other paperwork related to getting care.

In the last 12 months, did you have any experiences with paperwork for your health plan?

- ☐ Yes
- ☐ No
- Go to Question 56

55. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- ☐ A big problem
- ☐ Not a problem
- ☐ A small problem
- ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

56. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

57. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?



- ☐ Very unlikely
- ☐ Likely
- ☐ I am not currently enrolled in TRICARE Prime.
- ☐ Unlikely
- ☐ Very likely
- ☐ Neither likely nor unlikely
- ☐ Not sure

PREVENTIVE CARE

Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or a cholesterol screening are examples of preventive care.

58. Not counting when you were sick or pregnant, when was the last time you had a general medical or physical examination or checkup?

- ☐ Less than 12 months ago
- ☐ 5 or more years ago
- ☐ 1 to 2 years ago
- ☐ Never had a general physical or checkup
- ☐ More than 2 but less than 5 years ago

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59. **When did you last have a blood pressure reading?**

- ☐ Less than 12 months ago ☐ 1 to 2 years ago ☐ More than 2 years ago

60. **Do you know if your blood pressure is too high?**

- ☐ Yes, it is too high ☐ No, it is not too high ☐ Don't know

61. **When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?**

- ☐ Less than 12 months ago ☐ More than 2 but less than 5 years ago ☐ Never had a cholesterol screening
☐ 1 to 2 years ago ☐ 5 or more years ago

62. **When did you last have a flu shot?**

- ☐ Less than 12 months ago ☐ 1 to 2 years ago ☐ More than 2 years ago ☐ Never had a flu shot

63. **Have you ever smoked at least 100 cigarettes in your entire life?**

- ☐ Yes ☐ No **Go to Question 67** ☐ Don't know **Go to Question 67**

64. **Do you now smoke every day, some days or not at all?**

- ☐ Every day **Go to Question 66** ☐ Not at all **Go to Question 65**
☐ Some days **Go to Question 66** ☐ Don't know **Go to Question 67**

65. **How long has it been since you quit smoking cigarettes?**

- ☐ Less than 12 months **Go to Question 66** ☐ Don't know **Go to Question 67**
☐ 12 months or more **Go to Question 67**

66. **In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?**

- ☐ None ☐ 1 visit ☐ 2 to 4 visits ☐ 5 to 9 visits ☐ 10 or more visits

67. **Are you male or female?**

- ☐ Male **Go to Question 68** ☐ Female **Go to Question 69**

68. **When was the last time you had a prostate gland examination or blood test for prostate disease?**

- ☐ Within the last 12 months ☐ More than 2 but less than 5 years ago ☐ Never had a prostate gland examination
☐ 1 to 2 years ago ☐ 5 or more years ago

Go to Question 76

69. **When did you last have a Pap smear test?**

- ☐ Within the last 12 months ☐ More than 3 but less than 5 years ago ☐ Never had a Pap smear test
☐ 1 to 3 years ago ☐ 5 or more years ago

70. Are you under age 40?

- ☐ Yes Go to Question 73 ☐ No

71. When was the last time your breasts were checked by mammography?

- ☐ Within the last 12 months ☐ More than 2 years but less than 5 years ago ☐ Never had a mammogram
☐ 1 to 2 years ago ☐ 5 or more years ago

72. When was the last time you had a breast exam by a healthcare professional?

- ☐ Within the last 12 months ☐ More than 2 years but less than 5 years ago ☐ Never had a breast exam
☐ 1 to 2 years ago ☐ 5 or more years ago

73. Have you been pregnant in the last 12 months or are you pregnant now?

- ☐ Yes, I am currently pregnant Go to Question 74
☐ No, I am not currently pregnant, but have been in the past 12 months Go to Question 75
☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months Go to Question 76

74. In what trimester is your pregnancy?

- ☐ First trimester ☐ Second trimester ☐ Third trimester

75. In which trimester did you first receive prenatal care?

- ☐ First trimester ☐ Second trimester ☐ Third trimester ☐ Did not receive prenatal care

—————ABOUT YOU—————

These questions are about your health now and your current daily activities. Please try to answer every question as accurately as you can. Please circle one answer for each question.

76. Overall, how would you rate your health during the past 4 weeks?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

77. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?



- ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do physical activities

78. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- ☐ Not at all ☐ A little bit ☐ Some ☐ Quite a lot ☐ Could not do daily work

79. How much bodily pain have you had during the past 4 weeks?

- ☐ None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe

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80. During the past 4 weeks, how much energy did you have?

- ☐ Very much ☐ Quite a lot ☐ Some ☐ A little ☐ None

81. During the past 4 weeks, how much did your physical health or emotional problems limit your social activities with family or friends?

- ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do social activities

82. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a lot ☐ Extremely

83. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

- ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do daily activities

84. For this last question, we would like you to shift your focus to look back over the past year. Compared to one year ago, how would you rate your health in general now?

- ☐ Much better now than one year ago ☐ Somewhat worse now than one year ago
☐ Somewhat better now than one year ago ☐ Much worse now than one year ago
☐ About the same as one year ago

85. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less ☐ Some college or 2-year degree
☐ Some high school, but did not graduate ☐ 4-year college graduate
☐ High school graduate or GED ☐ More than 4-year college degree

86. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- ☐ No, not Spanish, Hispanic, or Latino ☐ Yes, Cuban
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, other Spanish, Hispanic, or Latino
☐ Yes, Puerto Rican

87. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

88. What is your age now?

- ☐ 18 to 24 Go to the End of the Questionnaire ☐ 55 to 64 Go to the End of the Questionnaire
☐ 25 to 34 Go to the End of the Questionnaire ☐ 65 to 74 Go to Question 89
☐ 35 to 44 Go to the End of the Questionnaire ☐ 75 or older Go to Question 89
☐ 45 to 54 Go to the End of the Questionnaire

TRICARE FOR LIFE

As of October 1, 2001, military retirees age 65 or over who enroll in Medicare Part B are eligible for a new benefit called TRICARE for Life. Under TRICARE for Life, TRICARE acts as supplemental insurance to Medicare. The following questions ask about how these new benefits have affected you.

89. Before receiving this survey, were you aware of TRICARE for life?

- ☐ Yes ☐ No **Go to Question 103**

90. How much of a problem, if any, is it to understand your health benefits under TRICARE for Life?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I am not covered by TRICARE for Life

91. What additional information about TRICARE for Life would you like to have? MARK ALL THAT APPLY

- | | |
|--|---|
| <input type="radio"/> What is covered
<input type="radio"/> Who is eligible
<input type="radio"/> How your doctor gets paid
<input type="radio"/> How TRICARE for Life affects VA benefits
<input type="radio"/> Whether private insurance should be dropped | <input type="radio"/> Where to get help or information
<input type="radio"/> How to make sure you are eligible
<input type="radio"/> Which doctors you can see
<input type="radio"/> I do not need additional information about TRICARE for Life |
|--|---|

92. How helpful were the following sources of information about your benefits under TRICARE for Life? MARK ALL THAT APPLY.

	Very helpful	Somewhat helpful	Not helpful	Did not consult
a. A local TRICARE benefits counselor or advisor (for example, a Beneficiary Counseling and Assistance Coordinator or BCAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A TRICARE toll-free phone number (for example, 1-888-DOD-LIFE or 1-877-DOD-MEDS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medicare or Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your primary doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The TRICARE website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Direct mailings from TRICARE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A military publication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A civilian retiree publication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. On which of the sources listed in Question 92 did you rely most for information about TRICARE for Life? MARK ONLY ONE.

- ☐ A local TRICARE benefits counselor or advisor (for example, BCAC)
☐ A TRICARE toll-free phone number (for example, 1-888-DOD-LIFE or 1-877-DOD-MEDS)
☐ Medicare or Social Security
☐ Your primary doctor
☐ The TRICARE website
☐ Direct mailings from TRICARE
☐ A military publication
☐ A civilian retiree publication
☐ Other



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94. **As a result of the new benefits under TRICARE for Life, did you enroll in Medicare Part B?**

- ☐ Yes
- ☐ No, I was already enrolled in Medicare Part B
- ☐ No, I have not enrolled in Medicare Part B but I plan to enroll
- ☐ No, I have not enrolled in Medicare Part B and do not intend to **Go to Question 103**
- ☐ I am not eligible for TRICARE for Life **Go to Question 103**

95. **As a result of your new benefits under TRICARE for Life, did you drop a Medigap (private Medicare supplement) insurance policy or other private health insurance policy?**

- ☐ Yes
- ☐ No, I was not covered by Medigap or other private insurance
- ☐ No, I did not drop my Medigap or other private insurance but I plan to do so
- ☐ No, I did not drop my Medigap or other private insurance and do not intend to
- ☐ I am not eligible for TRICARE for Life **Go to Question 103**

96. **As a result of your new benefits under TRICARE for Life, did you disenroll from a civilian HMO?**

- ☐ Yes
- ☐ No
- ☐ I am not eligible for TRICARE for Life **Go to Question 103**

97. **Under TRICARE for Life, where do you plan to get most of your health care?**

- ☐ From military facilities
- ☐ From VA facilities
- ☐ From civilian facilities
- ☐ I am not eligible for TRICARE for Life **Go to Question 103**

98. **Since October 1, 2001, have you received medical care from civilian sources (other than prescription drugs)?**

- ☐ Yes
- ☐ No **Go to Question 103**

99. **Did any health care provider ask for payment from you at the time of service for medical care you received since October 1, 2001?**

- ☐ Yes
- ☐ No
- ☐ I have not received medical care since October 1 **Go to Question 103**

100. **A bill is a request for payment for services received. Did you get a bill or bills for medical care you received since October 1, 2001 that you thought should have been covered by both Medicare and TRICARE?**

- ☐ Yes
- ☐ No **Go to Question 103**
- ☐ I have not received medical care since October 1 **Go to Question 103**

101. **How have you responded to the bill or bills? MARK ALL THAT APPLY.**

- ☐ I paid or intend to pay the bill or bills
- ☐ I am ignoring the bill or bills
- ☐ I have contacted or intend to contact the provider
- ☐ I have contacted or intend to contact TRICARE
- ☐ I have contacted or intend to contact Medicare

102. **Has the billing matter been resolved to your satisfaction?**

- ☐ Yes
- ☐ No
- ☐ I have not received a bill or bills since October 1 **Go to Question 103**

Through TRICARE Senior Pharmacy, which began April 1, 2001, TRICARE helps to pay for prescription drugs from civilian pharmacies and from the National Mail Order Pharmacy (NMOP).

103. As a result of your new benefits under TRICARE for Life and TRICARE Senior Pharmacy, did you change the type of pharmacy where you get prescription drugs?

☐ Yes ☐ No

104. Since April 1, 2001 at what type of pharmacy have you filled most of your prescriptions?

- | | |
|--|---|
| <input type="radio"/> At military pharmacies | <input type="radio"/> At the National Mail Order Pharmacy (NMOP) |
| <input type="radio"/> At civilian pharmacies in the TRICARE network | <input type="radio"/> I have not filled any prescriptions since April 1, 2001 |
| <input type="radio"/> At civilian pharmacies outside the TRICARE network | |

105. Please indicate the extent to which you agree or disagree with the following statement about TRICARE for Life:

I am satisfied with my TRICARE for Life benefits.

☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

THANK YOU

Please return the completed survey in the postage-paid envelope.



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